



**LINCOLN POLICE DEPARTMENT**

575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

May 10, 2016

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Sam's West, Inc., dba Sam's Club #6413, 4900 N. 27th St, requesting that Aaron Worthan be approved as the manager of the class C-086820 liquor license.

Mr. Worthan completed the required alcohol management training on April 14, 2016.

No areas of concern were found.

The application is included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in black ink, appearing to read "Jeffrey J. Bliemeister".

JEFFREY J. BLIEMEISTER, Chief of Police



A nationally accredited law enforcement agency



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

Office Use

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APR 22 2016

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE  
PROCESSED**

**MANAGER MUST:**

- Complete all sections of the application. Be sure it is signed by a member or corporate officer, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who will not participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half, the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who will participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert not required

BARCODE

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**MUST BE:**

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: Sam's West, Inc.

**Premise information**

Liquor License Number: 086820 Class Type C (if new application leave blank)

Premise Trade Name/DBA: Sam's Club #6413

Premise Street Address: 4900 W 27th St.

City: Lincoln County: Lancaster Zip Code: 68521

Premise Phone Number: 402-438-3540

Premise Email address: Austin.Shy@walmart.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information here.

  
**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Worhan First Name: Aaron MI: J

Home Address: 7713 Fillmore

City: Omaha County: Douglas Zip Code: 68122

Home Phone Number: 316-617-5231

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: [REDACTED]

Place Of Birth: Wichita KS

Email address: AARONJAMESWORK@GMAIL.COM

Are you married? If yes, complete spouse's information (even if a spousal affidavit has been submitted)

☒ YES

☐ NO

NEBRASKA LIQUOR  
CONTROL COMMISSION

Spouse's information

Spouses Last Name: Beham First Name: Samantha MI: E

Social Security Number: [REDACTED]

Driver's License Number & State: [REDACTED] Kansas

Date Of Birth: [REDACTED] Place Of Birth: Wichita, KS

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS  
APPLICANT SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Springfield MO	2014	2016	Wichita KS (Samantha)	1990	2014
Wichita KS (Aaron)	2009	2014			
Garden City KS (Aaron)	2008	2009			
Wichita KS (Aaron)	1988	2008			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014 2016	Sam's Club	Ton Conroy	
2011 2014	Sam's Club	Caleb Shannon	

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law, a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred, year and month of the conviction or plea, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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☒ YES ☒ NO

NEBRASKA LIQUOR  
CONTROL COMMISSION

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Aaron Worthan	Unknown	Wichita, KS	Speeding	

## 2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☐ YES ☒ NO

IF YES, list the name of the premise(s):

## 3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

☒ YES ☐ NO



4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: In progress Name on Certificate: Aaron Worthan

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Aaron Worthan	05/2016	Hospitality Insider Alcohol Manager

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 147 regarding fingerprints?

☒ YES

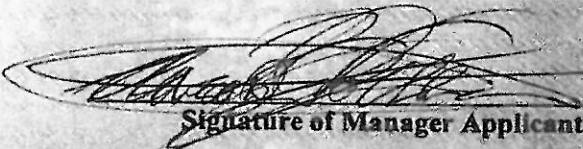
☐ NO

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non-participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

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ACKNOWLEDGEMENT

NEBRASKA LIQUOR  
CONTROL COMMISSION

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

4/21/2016

date

by

Aaron Werthan

NAME OF PERSON BEING ACKNOWLEDGED



Notary Public signature

Affix Seal

ANTONIO RODRIGUEZ  
General Notary  
State of Nebraska  
My Commission Expires Jan 26, 2020

In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.



**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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NEBRASKA LIQUOR  
CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required, however, I am obligated to sign and disclose any information on all applications needed to process this application.

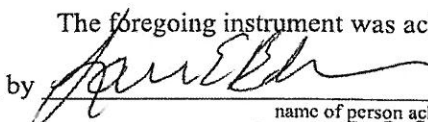
  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

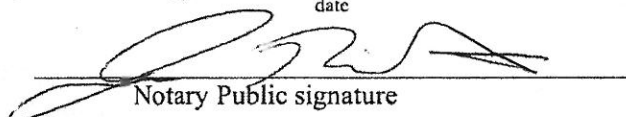
Samantha Beham  
Printed name of spouse asking for waiver

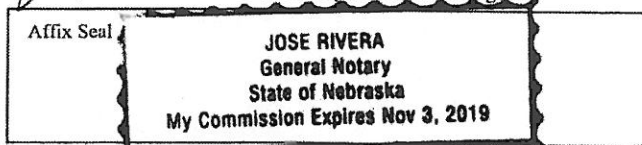
State of Nebraska

County of Lancaster

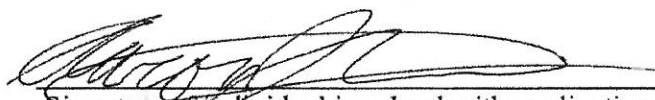
4-26-16  
date

The foregoing instrument was acknowledged before me this  
by   
name of person acknowledged

  
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

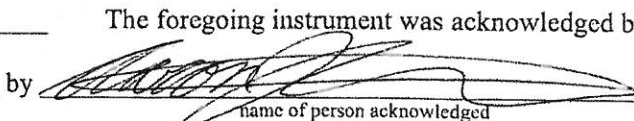
  
Signature of individual involved with application  
(Spouse of individual listed above)

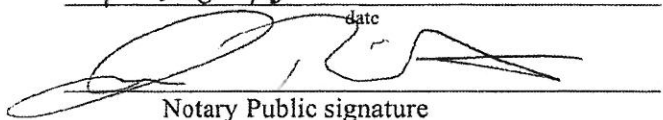
Aaron Worthan  
Printed name of applying individual

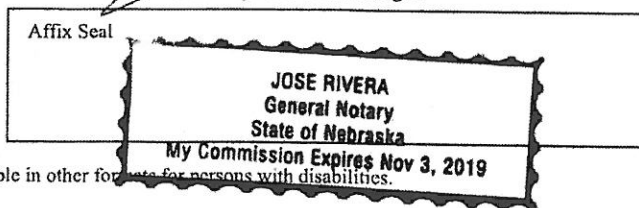
State of Nebraska

County of Lancaster

4-26-16  
date

The foregoing instrument was acknowledged before me this  
by   
name of person acknowledged

  
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other format for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.



**SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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NEBRASKA LIQUOR  
CONTROL COMMISSION  
Office Use Only

Class: \_\_\_\_\_

License #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

(Corporation, LLC, Partnership or Individual)

Trade Name: \_\_\_\_\_

(Doing Business As)

(402) 438-3540

Phone Number

AJ WORTH.506413.USA

Contact E-mail Address

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;  
*Include a list of names covered by your payment to insure proper application of payment.*
- Fee payment of \$28.75 per person **must** be made **directly** to the NSP;  
It is recommended to make payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
Or checks made payable to NSP should be mailed directly to the following address:

The Nebraska State Patrol – CID Division  
3800 NW 12<sup>th</sup> Street  
Lincoln, NE 68521

- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices will be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

Please complete information on the following pages for EACH person fingerprinted.